

BEST AVAILABLE COPY
DOCKETED

UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/728,357	12/04/2003	1614	0.00	03217/3762-001US	4	20	2

CONFIRMATION NO. 6375

FILING RECEIPT



OC000000013129446

20879
EMCH, SCHAFFER, SCHAUB & PORCELLO CO
P O BOX 916
ONE SEAGATE SUITE 1980
TOLEDO, OH 43697

Date Mailed: 07/01/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Tracey Doucette, Stanhope, CANADA;
Henriette Husum Bak-Jensen, Copenhagen S, DENMARK;
Melissa Perry, Charlottetown, CANADA;
Catherine Ryan, Charlottetown, CANADA;
R. Andrew Tasker, Charlottetown, CANADA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 03/05/2004

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

Title

Developmental animal model of temporal lobe epilepsy



7-22-04
BEST AVAILABLE COPY

IFW
\$

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0041
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/728,357
	Filing Date	December 4, 2003
	First Named Inventor	Tracy Doucette et al.
	Art Unit	1614/Conf. #: 6375
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	03217/3762-001 US

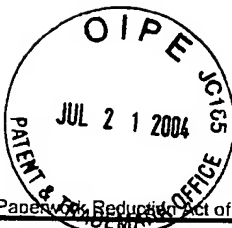
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Req. For Corrected Filing Receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of Filing Receipt
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Catherine B. Martineau, Esq. Emch, Schaffer, Schaub & Porcello Co., L.P.A.
Signature	<i>Catherine B. Martineau</i>
Date	20 July 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. EXPRESS MAIL EV 439668176 US			
Typed or printed name	Kathy A. Hower		
Signature	<i>Kathy A. Hower</i>	Date	7/21/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



BEST AVAILABLE COPY

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 25.00

Complete if Known

Application Number	10/728,357
Filing Date	December 4, 2003
First Named Inventor	Tracy Doucette et al.
Examiner Name	
Art Unit	1614/Conf. #6375
Attorney Docket No.	03217/3762-001 US

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number
Deposit Account Name

15-0825

Owen & Owen

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent Claims	-3** =	X	

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0.00

**or number previously paid, if greater: For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	420	2252	210	Extension for reply within second month		
1253	950	2253	475	Extension for reply within third month		
1254	1,480	2254	740	Extension for reply within fourth month		
1255	2,010	2255	1,005	Extension for reply within fifth month		
1401	330	2401	165	Notice of Appeal		
1402	330	2402	165	Filing a brief in support of an appeal		
1403	290	2403	145	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive - unavoidable		
1453	1,330	2453	665	Petition to revive - unintentional		
1501	1,330	2501	665	Utility issue fee (or reissue)		
1502	480	2502	240	Design issue fee		
1503	640	2503	320	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))		
1801	770	2801	385	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other fee (specify) Corrected Filing Receipt					25.00	
SUBTOTAL (3)					(\$)	25.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	Catherine B. Martineau	Registration No. (Attorney/Agent)	31,854	Telephone	419-243-1294
Signature	<i>Catherine B. Martineau</i>	Date	20 July 2004		

(Complete if applicable)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form call 1-800-PTO-9199 and select option 2



BEST AVAILABLE COPY

Practitioner's Docket No. 03217/3762-001 US**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Tracy Doucette et al.

Application No.: 010 / 728,357 Group No.: 1614

Filed: December 4, 2003 Examiner:

For: DEVELOPMENTAL ANIMAL MODEL CONFIRMATION No.: 6375
OF TEMPORAL LOBE EPILEPSY

Assistant Commissioner for Patents

Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted.**Error in**

1. ☒ Applicant's name
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Application Number
6. ☐ Foreign/PCT Application Re:
7. ☐ Other

Correct data

1. Tracy Doucette
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Express

Date: 7/21/04

Signature

Kathy A. Hower

(type or print name of person certifying)

(Request for Corrected Filing Receipt [5-8]—page 1 of 2)



BEST AVAILABLE COPY

3. (complete the following applicable item)

A. ☐ The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B. ☒ At least one of the above corrections is due to applicant's error and the fee therefor, under 37 C.F.R. § 1.19(h), of \$25.00 is paid as follows:

☒ Enclosed is check for \$25.00.

☐ Charge Account _____ \$25.00.

Catherine B. Martineau
SIGNATURE OF PRACTITIONER

Reg. No.: 31,854

Catherine B. Martineau

(type or print name of practitioner)

Tel. No.: (419) 243-1294

P.O. Box 916

P.O. Address

Customer No.: 20879

Toledo, Ohio 43697

(Request for Corrected Filing Receipt [5-8]—page 2 of 2)